

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15		2				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						